

# Special Event/Temporary Use Permit Application

## City of Irwindale

Planning Department

City Use:

Date \_\_\_\_\_ Case No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ By \_\_\_\_\_

**The Planning Department requires that Special Event/Temporary Use Permit Applications be completed and submitted for processing at least thirty (30) days prior to the date of the proposed event.**

Please complete the following information thoroughly to provide us with all the information necessary to review this application. If you need assistance, please contact the Planning Department at (626) 430-2206, Monday to Thursday, 8:00 a.m. to 6:00 p.m.

### **Event Information**      Please print or type

A. Name of Proposed Event: \_\_\_\_\_

B. Location of Event: \_\_\_\_\_

C. Event Date(s) and Event Hours: \_\_\_\_\_

D. Please give a detailed description of the proposed event. (Attach separate sheets, if necessary.)

E. List all temporary equipment (e.g. tents, fencing, canopies, stages, seating equipment, carnival rides, ticket booths, food booths, vendor booths, etc.) or temporary facilities (e.g. restrooms etc.) that will be used in conjunction with this event. (Please indicate the location of all-temporary equipment and facilities on the plot plan.) \_\_\_\_\_

F. Will there be any type of entertainment (live or recorded)? If yes, give specific details of the nature of entertainment (e.g. names of entertainers and dates and hours of appearance, etc.) Please attach a schedule of events. \_\_\_\_\_

G. Will this event consist of any vendors? **Y / N** If so, please indicate the total number of vendors and the type of sales (food or merchandise) that will be conducted during this event. (Please indicate vendor locations on plot plan.) Also, please provide a list showing all vendor names, including vendor's business address, contact person's name, and telephone number.

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H. The Applicant shall require all vendors that are expected to make any taxable sales transactions at this Irwindale event to complete form **BOE-530-B REV. 4 (10-98) LOCAL TAX ALLOCATION FOR TEMPORARY SALES LOCATIONS AND CERTAIN AUCTIONEERS**, and to submit the completed form to the California State Board of Equalization.

I. Will alcoholic beverages be sold or served during the event? **Y / N** If so, indicate the date and hour that alcoholic beverages will be available for consumption. (Indicate the location of all alcoholic beverage booths on the plot plan.) \_\_\_\_\_

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J. Is there an admission charge to this event? **Y / N** If so, what is the admission fee? \_\_\_\_\_  
Are tickets being sold in advance? If so, please indicate source of sales (e.g. Ticketmaster, Ticketron, etc.) \_\_\_\_\_

K. Is there a parking fee for this event? **Y / N** If so, what is the fee? \_\_\_\_\_  
*Please, attach a detailed plot plan of the parking site. Plan should include lane access and exits.*

L. Is this event being advertised? **Y / N** If so, please indicate the source of advertisement (e.g. radio, television, newspaper, fliers, etc.) \_\_\_\_\_

M. Anticipated daily attendance?: \_\_\_\_\_

N. Please attach a detailed plot plan of the event site. Plan should include the following information: Location of all temporary equipment (tents, fencing, canopies, stages, bleachers, carnival rides, ticket booths, food booths, vendor booths, restrooms).

O. The City of Irwindale requires \*Private Security at all special events. Please submit the company name and the proposed security plan for this event. Plan must include security deployment for the event area, parking site, and traffic control. (**\*Private Security Companies must have received City Council approval to operate within the City of Irwindale.**):

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**Applicant Information**

P. **Names and permanent address of applicant (s):**

_____ \		_____ \
1) Name	Drivers License	D.O.B.
_____		_____
Home Address	City, State & Zip	
_____	_____	_____
Home Telephone No.	Business Telephone No.	Fax Number

_____ \		_____ \
2) Name	Drivers License	D.O.B.
_____		_____
Home Address	City, State & Zip	
_____	_____	_____
Home Telephone No.	Business Telephone No.	Fax Number

Q. **Applicant's business information:**

(Note: If applicant is a corporation, the name shall be exactly as set forth in its Articles of Incorporation and the applicant shall show the name and residence address of each of the officers, directors, and each stockholder owning ten percent (10%) of the stock of the corporation or more. If the applicant is a partnership, the applicant shall show the names and residence address of each of the members, including limited partners.)

_____	
Business Name	
_____	
Business Address	City, State & Zip

R. The name(s) of the person(s) responsible for the management or supervision of this event including the residence address and telephone number:

\_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
1) Name Drivers License D.O.B.

\_\_\_\_\_ \_\_\_\_\_  
Home Address City, State & Zip

\_\_\_\_\_ \_\_\_\_\_  
Home Telephone No. Business Telephone No.

\_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
2) Name Drivers License D.O.B.

\_\_\_\_\_ \_\_\_\_\_  
Home Address City, State & Zip

S. Within the previous five years, has the applicant or any person responsible for the management or supervision of this event been convicted of a felony? If so, please indicate the name of the person convicted, the nature of such offense, and the sentence received therefore including conditions of parole or probation, if any: (Attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Property Owner Information:**

T. Name of legal property owner: \_\_\_\_\_

U. Name of property owner's authorized representative to contact regarding this event?

\_\_\_\_\_ \_\_\_\_\_  
Name Telephone Number

**Property Owner Certification**

*I certify that I am presently the legal owner of the above-described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form.)*

\_\_\_\_\_ \_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Print Name and Title

## Applicant Certification

Any false, misleading or fraudulent statement of material fact in the required application shall be grounds for denial of the application for a special/temporary use permit.

*I have used all reasonable diligence in completing this form. I have reviewed the form and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_   
Date

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Print Name and Title

### Additional Information

The City of Irwindale will require a General Liability Certificate of Insurance in the amount of \$1 million per occurrence. The Certificate of Insurance must **name the City of Irwindale as Additional Insured.**

This event may be subject to permits, conditions and requirements imposed by other agencies. The City of Irwindale will not issue a special/temporary permit until all applicable permits from the following agencies have been applied for:

<b>Los Angeles County Building Department</b>	<b>(626) 574-0941</b>
<b>Los Angeles County Fire Department</b>	<b>(626) 574-0949</b>
<b>Los Angeles County Health Department</b>	<b>(626) 813-3380</b>

Upon review of applicant's application, the City Manager will impose such fees, terms, conditions and restrictions upon the operation and conduct of the special event or temporary use.

\*The following is a list of Private Security Companies that are authorized to provide private security for special events.

<b>Industrial Patrol</b>	<b>(626) 331-8335</b>
<b>Kode-4 Security</b>	<b>(626) 483-0243</b>
<b>Contemporary Services Corporation</b>	<b>(818) 885-5150</b>
<b>Securitas Security Services</b>	<b>(818) 706-6898</b>
<b>Allied Security LP</b>	<b>(610) 239-1100</b>